THE STATE OF MONTANA		FOR OFFICE USE ONLY
COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643 WEBSITE: www.politicalpractices.mt.gov		Date Received and Postmark Date
FORM C-5 (Revised 05/08)		
OR O		
REPORTING PERIOD: From To		
TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICA	ATION SIGNATURE	
FULL NAME OF CANDIDATE	COMPLETE DESCRIPTION OF OFFICE SOUGHT (Required)	Initial Report Periodic Report Closing Report
COMPLETE MAILING ADDRESS (Include City, State, Zip Code)		No transactions in period
CASH SUMMARY: MONEY RECEIVED AND SPENT	PRIMARY	GENERAL
CASH IN BANK – Balance from previous report	\$	\$
2. RECEIPTS – Total received and deposited this period from Schedule A	\$	\$ + \$
3. CORRECTIONS – Addition or subtraction from Schedule D (Circle : + or)	\$	
Subtotal	\$	\$
4. EXPENDITURES – Total paid out this period from Schedule B	\$	\$
5. CASH IN BANK – Ending balance this report	\$	\$
I,,,	, certify the fore	going report of campaign finances with nnotated Title 13, chapter 37.
NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the	Signature Statement of Candidate form on file in the	e office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

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SCHEDULE A. Receipts – This Reporting P	eriod		Kind on & Value GENERAL	r Check ount GENERAL	to Date ount GENERAL
1. Candidate's Personal Contr	ibutions				
2. Contributions Less Than \$3	5 Each				
3. Loans Creditor's full name/complete mailing address REQUIRED	Occupation & Employer <u>REQUIRED</u>	Loan Date <u>Required</u>			
	Occupation Employer				
	Occupation Employer		 	 	
	Occupation Employer				
4. Interest, Rebates, Refunds, Other Miscellaneous Receip		Date <u>Required</u>			
TOTAL	RECEIPTS THIS I	PAGE			

TYPE OR PRINT CLEARLY IN INK

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SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description & Value PRIMARY GENERA	Cash or Check Amount L PRIMARY GENERAL	Total to Date Amount PRIMARY GENERAL
Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>			
Registered Name Address City, State, Zip Code				
Registered Name Address City, State, Zip Code				
Registered Name Address City, State, Zip Code				
Registered Name Address City, State, Zip Code				
Registered Name Address City, State, Zip Code				
TOTAL RECEIPTS THIS	PAGE			

TYPE OR PRINT CLEARLY IN INK

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SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Value PRIMARY GENERAL	Cash or Check Amount PRIMARY GENERAL	Total to Date Amount PRIMARY GENERAL	
6. Political Party Committee Contributions Full name & complete mailing address REQUIRED	Date <u>Required</u>	PRIMARI GENERAL	PRIMARY GENERAL	PRIMARY GENERAL	
Name					
Address					
City, State, Zip Code			<u>-</u>	<u> </u>	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
7. Incidental Committee Contributions Full name & complete mailing address REQUIRED	Date <u>Required</u>				
Name					
Address					
City, State, Zip Code					
8. Other Political Committee Contributions Full name & complete mailing address REQUIRED	Date <u>Required</u>				
Name					
Address					
City, State, Zip Code					
TOTAL RECEIPTS THIS	PAGE				

SCHEDULE A. Receipts – This Reporting Period (continued) 9. Individual Contributors of \$35 or More In-Kind Cash or Check **Total to Date** REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION **Description & Value** Amount **Amount** Full name, complete mailing address, occupation, & employer PRIMARY **GENERAL PRIMARY PRIMARY GENERAL GENERAL** Name Occupation Address Employer City, State, Zip Code Name Occupation Address Employer City, State, Zip Code Name Occupation Address Employer City, State, Zip Code Occupation Name Address Employer City, State, Zip Code Name Occupation Address Employer City, State, Zip Code TOTAL RECEIPTS THIS PAGE TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY GENERAL	
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
TOTAL EXPE	NDITURES THIS PAGEINCLUDING I	PETTY CASH		
TOTAL EXPENDITURES THIS REPORTING PERIO	DD ALL of Schedule B (Sections 1 & 2) i	n this total		

Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due PRIMARY GENERAL		
ordinor <u>recorned</u>			TRIMARI	OLITERAL	
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report. Originally Reported on DATE SCHEDULE As Originally Reported Explain Correction